CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	454	<u> </u>	12/01/12	OMB NO	MAPPROVED). 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		E CONSTRUCTION	(X3) DATE S COMPL	
		445487	B, WIN	G		10/	17/2012
NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	•	
CHRISTI	AN CARE CENTER O	F JOHNSON CITY, INC			TECHNOLOGY LANE HNSON CITY, TN 37604		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION ST CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 281 SS=D	The services provided must meet profession. This REQUIREMENT by: Based on medical and interview, the faphysician of the rest test resulting in a deresident (#3) of seven the findings included Resident #3 was addicated the resident provided t	ed or arranged by the facility conal standards of quality. IT is not met as evidenced record review, observation, acility failed to notify the ults of a culture and sensitivity elay in treatment for one enteen residents reviewed. ed: mitted to the facility on with diagnoses including Lewy Late Effects of cident, including Dysphagia. resident each day from August ed the resident was out of the then moved with ease around the Broda chair from the front	F 2	81	Preparation and/or execution of Correction does not constitute admission or agreement by Chic Center of Johnson City of the trifacts alleged or conclusions set statement of deficiencies. Chric Center of Johnson City files this Correction solely because it is indo so for continued state licens health care provider and/or for pation in the Medicare/Medica The facility does not admit that deficiency existed prior to, at the or after the survey. The facility all rights to contest the survey through informal dispute resolutional appeal and any other aplegal or administrative proceed Plan of Correction should not be establishing any standard of cafacility submits that the actions or in response to the survey fin exceed the standard of care. The ment is not intended to waive a defense, legal or equitable, in a strative, civil or criminal proceed.	of this Plan ite an ristian Care ruth of the forth in the stian Care Plan of equired to sure as a partici- id program. any ne time of, reserves findings ution, plicable ings. This e taken as re, and the taken by dings far his docu- any dmini-	
	and received the recolous tube feedings review revealed the the exit site and was Medical record revie positive for MRSA (I Staphylococcus Aur	quired daily nutrition from Continued medical record PEG tube had drainage from sampled on June 28, 2012. we revealed the sample tested			F 281 Christian Care Center of Johns believes its current practices with the applicable of care, but in order to responsitation from the surveyors, the taking the following additional	were in e standard ad to this ne facility is	
BORATOR	DIRECTOR'S OR PROVIDE	NSUPPLIER REPRESENTATIVE'S SIGN	ATURE		Admiristration	//	(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445487	B. WII	NG_		10/1	7/2012
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OLD BE	(XS) COMPLETION DATE
F 505 SS=D	PEG tube exit site values to a service and the by the sensitivity represented to the facility drainage tested possible. Review of the Nurse report revealed the the physician until A later) when an antibadministered for the Interview in the combirector of Nurses, p.m., confirmed three C&S results were caresulted in a delay in with MRSA. 483.75(j)(2)(ii) PROOF LAB RESULTS The facility must prophysician of the find the facility failed to results of a culture a resident (#3) of severesident (#3) of severesident #3 was ad	ew revealed drainage from the vas cultured a second time on ontinued medical record culture results accompanied cort (C&S report) were ity on August 10, 2012. The sitive a second time for MRSA. e's notations on the C&S results were not reported to august 13, 2012, (three days siotic was ordered to be enext thirty days. If effect room, with the on October 16, 2012, at 2:40 are days elapsed before the alled to the physician and in treatment for an infection MPTLY NOTIFY PHYSICIAN If is not met as evidenced record review and interview, notify the physician of the and sensitivity test one enteen residents reviewed.		281	Residents MD was notified on 8/13/12 or results for Resident #3 that we reported to the facility on 8/10 8/13/12, Resident #3 was order antibiotic regimen and placed isolation precautions by the Monthese results. Identification of Other Resider Potential to be Affected Residents in the facility receiving Services have a potential to be by this practice. Facility Lab Cowas reviewed by the ADON on to ensure MD had been notified residents' pending lab results that date; all notifications had second to results the results that date; all notifications had second to results that date; all notifications had second to results the results that date; all notifications had second to results the results that date; all notifications had second to results the results that date is not results the results that date is not results the results that date is not re	flab are 0/12. On ared an on D based ats with affected alendar 9/17/12 ad of any up until been anted. 12 by the aregarding notifi- access by in-service y the DON ding the fication of which to aurses will ation	

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F 505 SS=D	PEG tube exit site of August 8, 2012. Conceive we revealed the by the sensitivity reported to the facility free reported to the facility failed to the physician until administered for the Interview in the condition of Nurses, p.m., confirmed the C&S results were consulted in a delay with MRSA. 483.75(j)(2)(ii) PROOF LAB RESULTS The facility must prophysician of the find the facility failed to results of a culture resident (#3) of seventhe included.	lew revealed drainage from the was cultured a second time on continued medical record a culture results accompanied port (C&S report) were lity on August 10, 2012. The sitive a second time for MRSA. e's notations on the C&S results were not reported to August 13, 2012, (three days piotic was ordered to be a next thirty days. Inference room, with the on October 16, 2012, at 2:40 are days elapsed before the called to the physician and in treatment for an infection DMPTLY NOTIFY PHYSICIAN comptly notify the attending dings. Note that the physician of the and sensitivity test one renteen residents reviewed.			Systematic Changes The contracted laboratory for twas notified on 10/17/12 by th that, in the future, all Resident results are to be auto-faxed to facility by 2:00 pm on a daily be Laboratory will also provide Us Passwords to licensed staff by to enable them to obtain the lathemselves, as appropriate. A lab order will be placed in a lab basket for "Pending Labs," such that require more than 24 houreceive results. These baskets both Nurse's Stations for followevery shift. When pending residen obtained, the MD will be of these results the same day. program will be overseen by the Assessment Nurse for timely Nontification of lab results. Monitoring A weekly audit for pending lab will be performed by the Asses Nurse for three months, to ensure timotification. These audits will presented to the monthly Performent Committee for the Performance Improvement Committee consumptions. The Performance Improvement Committee consumptions of Nursing, Director of Nursing, Assistant Director of Nursing,	ne DON s' lab the asis. ser 11/1/12 ab results duplicate peled th as labs ars to will be at w-up sults have a notified This the MD o results ssment monthly mely MD be formance review and g e sists of the rsing,		
	Resident #3 was admitted to the facility on February 12, 2009, with diagnoses including Lewy				Coordinator, Medical Records			

PRINTED: 10/19/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		445487	B. WING		10/1	7/2012		
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604					
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F 281	PEG tube exit site values to a large the sensitivity reported to the facilidrainage tested positive report revealed the the physician until A later) when an antibadministered for the later of Nurses, p.m., confirmed three cas resulted in a delay in the sensitive resulted in a delay in the confirmed three cas resulted in a delay in the confirmed three cas resulted in a delay in the confirmed three cas resulted in a delay in the confirmed three cas resulted in a delay in the confirmed three cas resulted in a delay in the confirmed three cas resulted in a delay in the case resulted i	ew revealed drainage from the was cultured a second time on ontinued medical record culture results accompanied port (C&S report) were ity on August 10, 2012. The sitive a second time for MRSA. e's notations on the C&S results were not reported to august 13, 2012, (three days protes of the control of the	F 281	Maintenance Director, Social Director, Dietary Manager, Housekeeping/Laundry Director, Business C Manager, HR Manager, Mediand Consultant Pharmacist. F505 Christian Care Center of John believes its current practices compliance with the applicab of care, but in order to responsitation from the surveyors, t is taking the following additionactions:	tor, Office cal Director son City were in le standard and to this he facility	11/30/12		
F 505 SS=D	OF LAB RESULTS The facility must prophysician of the find This REQUIREMEN by: Based on medical the facility failed to a results of a culture a resident (#3) of seventhe findings include Resident #3 was addressed to the findings include the	IT is not met as evidenced record review and interview, notify the physician of the and sensitivity test one enteen residents reviewed.	F 505	Corrective Actions for Targete Residents MD was notified on 8/13/12 or results for Resident #3 that we reported to the facility on 8/18/13/12, Resident #3 was ord antibiotic regimen and placed isolation precautions by the Non these results. Identification of Other Reside Potential to be Affected Residents in the facility receives Services have a potential to be by this practice. Facility Lab Cowas reviewed by the ADON of to ensure MD had been notifications.	of lab ere .0/12. On ered an l on //D based nts with ring Lab e affected Calendar n 9/17/12			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: F4SD11

Facility ID: TN9011

If continuation sheet Page 4 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC				TREET ADDRESS, CITY, STATE, ZIP CODI 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604		•	
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F 505	Body Dementia and Cerebrovascular Ad Medical record revi PEG (percutaneous and received the rebolus tube feedings review revealed the the exit site and wa Medical record revi positive for MRSA (Staphylococcus Au fourteen days of an on June 30, 2012. Medical record revi PEG tube exit site of August 8, 2012. Coreview revealed the by the sensitivity rereported to the facil drainage tested pos Review of the Nursereport revealed the the physician until Alater) when an antibadministered for the Interview in the con Director of Nurses, p.m., confirmed three	d Late Effects of coident, including Dysphagia. ew revealed the resident had a senteral gastrostomy) tube quired daily nutrition from s. Continued medical record PEG tube had drainage from s sampled on June 28, 2012. ew revealed the sample tested Methicillin Resistant reus) on June 30, 2012, and tibiotic treatment was initiated ew revealed drainage from the was cultured a second time on ontinued medical record culture results accompanied port (C&S report) were ity on August 10, 2012. The sitive a second time for MRSA. e's notations on the C&S results were not reported to August 13, 2012, (three days piotic was ordered to be	F 50	residents' pending lab result that date; all notifications he completed timely and docu in-service was held on 10/1 DON for licensed nursing state importance of timely Metation of lab results and the which to accomplish this. The will be repeated on 11/2/12 for licensed nursing staff resimportance of timely MD not lab results and the process accomplish this. Newly-hire receive this lab and MD not training during their orients. Systematic Changes The contracted laboratory for was notified on 10/17/12 by that, in the future, all Resideresults are to be auto-faxed facility by 2:00 pm on a daily Laboratory will also provide Passwords to licensed staff to enable them to obtain the themselves, as appropriate. Iab order will be placed in a basket for "Pending Labs," sethat require more than 24 hereeive results. These basket both Nurse's Stations for for every shift. When pending a been obtained, the MD will of these results the same day program will be overseen by Assessment Nurse for timely notification of lab results.	and been mented. 9/12 by the aff regarding D notifier process by this in-service D by the DON garding the otification of by which to d nurses will ification period. or the facility of the DON ents' lab to the grown by 11/1/12 erous lab results A duplicate labeled uch as labs ours to ests will be at low-up results have be notified by. This of the		

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